



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

03 JUN 30 A10:55

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
RAMIL	MARIO	R.	521-9500
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
745 Fort Street Mall, Hawaii Tower 17th Floor	Honolulu	HI	96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			(City) (State) (Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Hawaii Insurers Council	521-7233
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
1001 Bishop Street, #2495 ASB Tower	Honolulu HI 96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Alison Powers	521-7233
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
1001 Bishop Street, #2495 ASB Tower	Honolulu HI 96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportaion |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | Property/casualty insurance |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Mario R. Ramil
(Signature of Lobbyist)

6-25-03
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Alison Powers	Executive Director
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Insurers Council	521-7233
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
1001 Bishop Street, #2495 ASB Tower	Honolulu HI 96813
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
<i>Alison Powers</i> (Signature of Authorizing Officer or Person Represented)	6-25-03 (Date)